

**LOUISIANA STATE UNIVERSITY
HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

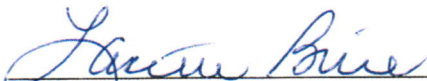
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CATEGORY: Human Resources

CONTENT: Transitional Return to Work

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INQUIRIES TO: Human Resources Administration
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Deputy Chief Executive Officer
LSU Health Care Services Division

1/9/2019

Date



Director of Human Resources
LSU Health Care Services Division

01/08/19

Date

**LSU HEALTH CARE SERVICES DIVISION
TRANSITIONAL RETURN TO WORK POLICY**

I. POLICY STATEMENT

It is the policy of LSU Health Care Services Division (HCSD) to make reasonable efforts to return permanent employees injured on the job back to work.

II. PURPOSE

This policy is for the purpose of complying with the Office of Risk Management (ORM) Transitional Return to Work Plan pursuant to R. S. 39:1547.

III. APPLICABILITY

This policy shall be applicable to full-time permanent classified employees or regular fulltime monthly/bi-weekly unclassified employees at the HCSD Administrative Office (HCSDA) and Lallie Kemp Regional Medical Center (LAKMC) who are on leave as a result of work related injuries or illnesses and who are receiving worker's compensation benefits. LAKMC may issue internal policy and/or procedure as applicable or required.

For purpose of this policy, "regular" unclassified employees are defined as monthly unclassified employees and bi-weekly unclassified employees serving in a regular, leave earning, benefits eligible appointment.

IV. IMPLEMENTATION

This policy and subsequent revisions to this policy shall become effective upon approval and date of signature of the HCSD Deputy CEO or designee.

V. POLICY PROVISIONS

- A. The transitional return to work (RTW) program is designed to reasonably assist employees with the opportunity to perform productive work on a temporary basis within the physical and environmental limitations posed by the injury or illness.
- B. HCSD cannot guarantee transitional work placement and/or modified work placement within a medical facility due to clinical needs and requirements of patients.
- C. Transitional duty is not intended to be permanent.
- D. HCSD reserves the right to obtain a second medical opinion on the employee's condition at the employers' expense.
- E. This policy is not intended to take the place of the procedures applicable to employees who are eligible for reasonable accommodation under the Americans with

Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA).

- F. In the event an employee refuses an accommodation or reassignment of duties (outside the employee's FMLA benefit eligibility period) which are within the employee's restrictions and ability to perform, HCSD is not obligated to provide alternatives.
- G. Transitional Work Requirements
For work to be considered a suitable modified employment the following conditions must be met:
 - 1. The employee must meet the required minimum qualification requirements for the modified job assignment which the employee will be required to perform, as well as, any licensure/certification requirement.
 - 2. The work must be a meaningful and productive part of the Agency's operations.
 - 3. The work must conform to the medical restrictions set by the medical care Provider.
 - 4. The modified job assignment and/or modified work schedule cannot exceed a total of (6) six months. The six months includes any FMLA entitlement.
- H. The ORM's Third Party Administrator (TPA) will be responsible for communications with medical personnel. Agency shall not have direct contact with the treating medical personnel without the approval of the ORM's Third Party Administrator.

VI. DEFINITIONS

- A. Accommodation Types
 - 1. Modified Work – Includes modification of job tasks, functions, hours of work, frequency of breaks, worksite, or any combination of these.
 - 2. Alternate Work – Different from the employee's pre-injury job or illness offered to a worker who is temporarily or permanently unable to perform their pre-injury work.
Note: If an employee is permanently unable to perform their pre-injury work, this will be viewed as an ADA accommodation.
 - 3. Transitional Work – A group of tasks or specific jobs that can be performed until the worker is capable of returning to full pre-injury duties.
- B. Job Tasking – Detailing each specific job task performed in a position.
 - 1. Consult with direct line supervisor
 - 2. Compile master list of transitional tasks
 - 3. Maintain file
- C. Return to Work (RTW) Coordinator – Primary contact for employees and outside agencies related to return to work planning
 - 1. Responsibility for overall coordination
 - 2. Develops and facilitates any accommodations
 - 3. Provide progress reports as applicable

- D. Return to Work (RTW) Offer – Return to work employment shall include:
 - 1. Must be in writing
 - 2. Certified mail return receipt request if mailed
 - 3. Return to work date and time
 - 4. Duty assignments
 - 5. Reporting procedures, i.e. name of individual
- E. Return to Work (RTW) Plan – Employment which allows injured workers to return to work within the physical restrictions determined by their physician until they are capable of returning to full duty. Job tasks and other items are identified by supervisor of injured employee and a representative from the Return To Work Team
 - 1. Job Tasks
 - 2. Hours to be worked
 - 3. Physical restrictions
 - 4. Required approval by each member of RTW team
- F. Return to Work (RTW) Team – Members to review all employees with lost-time workers' compensation. Will meet as needed for review of injured employee status and return to work plans. Representation should include:
 - 1. Human Resources
 - 2. Immediate Supervisor of injured employee
 - 3. Safety Representative
 - 4. RTW Coordinator
 - 5. Management/Administrative representative if applicable
 - 6. Third Party Administrator if applicable
 - 7. Voc Rehab Counselor as needed
- G. Third Party Administrator (TPA) – Assists and coordinates transitional return to work plans with agencies on behalf of ORM.

VII. PROCEDURES/GUIDELINES

- A. The Appointing Authority will designate the RTW Coordinator.
- B. The RTW Coordinator shall be notified if injured employee incurs lost time.
- C. The RTW Coordinator will provide employee with "Functional Capability" form to be completed by physician. (See Attachment)
- D. The RTW Coordinator determines if Return to Work plan is necessary and/or practical based on injury and doctor certification.
- E. The RTW Coordinator meets with supervisor to develop return to work plan if practical.
- F. The RTW Coordinator schedules meeting with RTW team to review/approve plan.
- G. The RTW Coordinator meets with injured employee to review plan
- H. The RTW Coordinator provides written employment offer to injured employee. If injured employee is represented by counsel, the notice shall be sent to the employee via counsel.
- I. The RTW Coordinator notifies the TPA when an injured employee is removed from work due to exhaustion of sick leave or the accommodations are no longer available.

- J. The RTW Coordinator will monitor/evaluate transition plan every 30 days to assess injured employee's ability to return to work full duty

VIII. EMPLOYEE RESPONSIBILITY

- A. Return the Functional Capability Form as directed.
- B. Respond to return to work offer letter as directed.
- C. Work within restrictions provided by the physician
- D. Comply with medical treatment and keep all scheduled medical appointments.
- E. Advise supervisor and the RTW Coordinator if the transitional work plan is physically too difficult.

IX. RECORD KEEPING

- A. Maintain documentation of transitional return to work plans, physician certification, and other information on injured employee.
- B. Maintain documentation of failed transitional return to work employment
- C. Maintain documentation of efforts made to identify transitional return to work tasks
- D. Maintain documentation of barriers in identifying transitional return to work tasks
- E. Completion of Transitional Return to Work Audit Form – DA WC4000 (See Attachment)

X. EXCEPTIONS

Request and approval for exception to this policy will require submittal of detailed justification and documentation to Human Resources Administration.

TRANSITIONAL RETURN TO WORK AUDIT FORM – DA WC4000

Month of Report _____ Location code _____

Agency _____ Contact Person _____

REPORT THE FOLLOWING ACTIVITY:

1. Number of lost time workers' compensation claims during the past month: _____
2. Number of employees returned to work on transitional duty: _____
3. Number of employees returned to work full duty: _____
4. Number of employees on workers' compensation at month's end: _____
5. Number of employees who are separated from the agency and still receiving workers' compensation: _____

- The sum of #3 plus #4 should be greater than the sum of #2 plus #5.
 $\#2 \text{ _____} + \#3 \text{ _____} > \#4 \text{ _____} + \#5 \text{ _____} = \text{PASS}$
- Total RTW _____ > total not RTW _____ = PASS
- A job task list is on file for each workers' compensation claim this month: yes no
- The RTW committee has met and reviewed all W/C yes no

1. Employee _____ days missed _____ day pay rate _____
 2. Employee _____ days missed _____ day pay rate _____
 3. Employee _____ days missed _____ day pay rate _____
 4. Employee _____ days missed _____ day pay rate _____
 5. Employee _____ days missed _____ day pay rate _____
 6. Employee _____ days missed _____ day pay rate _____
 7. Employee _____ days missed _____ day pay rate _____
 8. Employee _____ days missed _____ day pay rate _____
 9. Employee _____ days missed _____ day pay rate _____
 10. Employee _____ days missed _____ day pay rate _____
 11. Employee _____ days missed _____ day pay rate _____
 12. Employee _____ days missed _____ day pay rate _____
- TOTAL _____ TOTAL _____

PHYSICIAN'S MODIFIED WORK INFORMATION SHEET

Employee Name: _____ Injury/Illness date: _____

Doctor Name: _____ Phone Number: _____

RETURN TO WORK FULL DUTY WITH NO RESTRICTIONS? YES NO DATE

To All Employees:

Please return this completed report directly to your supervisor within 24 hours of your injury or illness, and prior to the start of your next scheduled work shift.

The following details the employee's current capabilities; *(please checkmark as appropriate)*

	1 to 2 lbs	3 to 5 lbs	6 to 10 lbs	11 to 20 lbs	21 to 30 lbs	31 to 40 lbs	41 + lbs
Lifting							
Carrying							
Push/pull							

	Minimal	Under 1 Hr	1-2 Hrs	2-3 Hrs	3-4 Hrs	4-5 Hrs	5-6 Hrs	8 hrs
Sitting								
Standing								
Walking								

	YES	NO
Squatting		
Bend/Twist at Waist		
Reaching		
Work above Shoulder		

List any other restrictions: _____

Restrictions effective until (date) _____

Follow Up Appointment date(s): _____

Signature of Attending Physician: _____

Date: _____